

## MYOFUNCTIONAL DISORDER

Dear parent, dear patient,

You just visited our practice and we explained that your child may have a myofunctional disorder. We recommended that you consult with a speech therapist.

Now you may be asking yourself the following questions:

- ▶ What is a myofunctional disorder?
- ▶ How can I recognise it?
- ▶ What effects does it have on my child?
- ▶ What can I do about a disorder that already exists?
- ▶ How can I support my child during logopaedic therapy?

This leaflet should provide a brief answer to your first question and serve as an orientation guide. At the reception desk we gave you a list of speech therapists with whom we have cooperated successfully. Please do not hesitate to call us if you have further questions or need assistance in finding a therapy program.

### Your ADENTICS practice team

#### Definition

A “myofunctional disorder” is a disrupted balance of forces in the facial muscles. This comes about when the muscle tension and movement patterns are impaired in the muscles of the mouth.

#### How can I recognise a myofunctional deficiency?

- ▶ The tongue is located in an incorrect resting posture (when the patient is not speaking); normally the tip of the tongue should lie against the hard palate.
- ▶ The tongue is pressed against or between the teeth during swallowing. This is an incorrect swallowing pattern, known as “visceral swallow” or “tongue thrust”.
- ▶ The chin exhibits visible tension during/while chewing and swallowing, which indicates impeded occlusion.
- ▶ The sounds **s, sh, d, t, l, n** are pronounced incorrectly.
- ▶ The lips are held open in resting posture.
- ▶ Mobility of the tongue is limited.

#### Additional Consequences

- ▶ breathing through the mouth
- ▶ swollen, reddened lips
- ▶ limited mobility of the upper lip
- ▶ body posture predominantly flaccid and limp, often resulting in compensatory muscle tension
- ▶ increased salivation
- ▶ vacant facial expression
- ▶ malpositioned teeth and jaw
- ▶ delayed appearance of permanent teeth
- ▶ after corrections to teeth or jaw (with braces, for instance) symptoms soon recur

## PATIENT INFORMATION

### **The primary suspected causes are circumstances that hinder the normal training of tongue muscles, for instance**

- ▶ disorders during pregnancy
- ▶ complications during birth
- ▶ poor diet during infancy
- ▶ habits (thumb-sucking, licking lips compulsively, nail-biting, pacifier use)
- ▶ open mouth posture due to obstructed nasal breathing
- ▶ open bite, oversized large lower jaw, protruding lower jaw

### **Treatment by speech therapist prescribed by the orthodontist**

#### **Therapy goals:**

- Your child should be able to keep the tongue in the correct resting posture
- Bad habits practiced for years should come to an end
- Muscles of the lips, tongue and jaws should be strengthened
- A balanced mouth musculature (and all facial muscles) should be restored
- Swallowing patterns should be normalised

#### **What the therapist will practice with your child to:**

- break the habits listed above
- make the child aware of, and practice, the correct resting posture for the tongue
- improve breathing and posture through full-body exercises
- strengthen and loosen the tongue and lip musculature
- teach and practice breathing through the mouth
- practice correct swallowing

#### **Supportive measures/ how can I help my child?**

- ▶ Help your child to do his/her regular exercises daily.
- ▶ Encourage your child to break bad habits (thumb-sucking, licking lips compulsively, nail-biting, pacifier).
- ▶ Offer your child a balanced diet. Solid foods promote the chewing muscles.
- ▶ Reduce the amount of high-sugar, sweet foods in your child's diet. This helps avoid reduction in muscle tension.
- ▶ Offer your child opportunities to experience movement, of both the entire body and the mouth area.
- ▶ Make nasal breathing possible for your child: Give lessons on how to blow his/her nose properly! Position the nose in the centre of the handkerchief, and hold one nostril closed while the child blows it while holding the mouth closed. This keeps mucus from getting into the ears.

Please do not hesitate to contact us at any time with questions, critique or suggestions.

#### **Your ADENTICS practice team**